DOCUMENT RESUME

ED 234 134 UD 023 072

TITLE	Toward a Healthy Community (Organizing Events for Community Health Promotion).
INSTITUTION	Public Health Service (DHHS), Rockville, MD. Office of Disease Prevention and Health Promotion.
REPORT NO	DHHS-PHS-80-50113
PUB DATE	80
NOTE	40p.; A publication of the Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine with assistance from the Human Resources Institute (Morristown, New Jersey).
AVAILABLE FROM	National Health Information Clearinghouse, P.O. Box 1133, Washington, DC 20013 ($4.25).
PUB TYPE	Guides - General (050)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Community Action; Community Change; *Community Involvement; Health Needs; *Health Programs; Needs Assessment; *Organizational Development; *Program Effectiveness; *Public Health
IDENTIFIERS	*Health Fairs

ABSTRACT

This booklet suggests the first steps communities can take in assessing their needs and resources and mobilizing public interest and support for health promotion. It is based on an approach to health education and community organization that recognizes the value of a highly visible, time-limited event, such as a health fair, a marathon, or an immunization campaign. Common shortcomings of health promotion programs are analyzed and a four-phase "healthy community system" model is described. Within each phase (start-up, involvement, installing change, and sustaining change), strategies for mobilizing individuals and groups in such a way that accounts for the sociocultural characteristics of each community are outlined. The importance of integrating the gains of any health promotion program into existing services, agencies, and community life is stressed. Appended to the booklet are: (1) a health practices and health consequences questionnaire; (2) a community support indicator; and (3) a community social analysis interview schedule. (GC)

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Toward a Healthy Community

(organizing events for community health promotion)

DHHS (PHS) 80-50113

This booklet was prepared by the Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine with assistance from the Human Resources Institute, Morristown, New Jersey.

UD 023 072

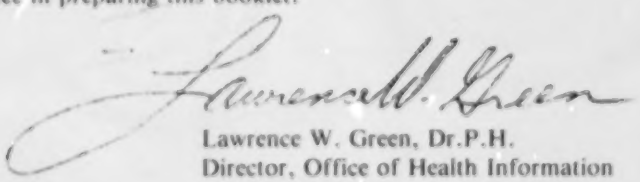
U.S. Department of Health and Human Services
Public Health Service
Office of Disease Prevention and Health Promotion
Office of Health Information, Health Promotion
and Physical Fitness and Sports Medicine

Preface

The national strategy for disease prevention and health promotion is anchored at two ends. Guiding the national strategy at the helm are the goals laid down by *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. Driving the movement toward these goals at the propeller end are the local efforts and activities that stimulate public interest in, encourage support for, and engage public commitment to health promotion. Federal agencies can define the possible and the necessary, but local agencies, groups, and individuals must define the desirable and the acceptable. A national consensus is possible on who should benefit, how much, and by when, from the science of health promotion and disease prevention. But local communities must decide which of the many goals for healthy people are to receive highest priority, and how to allocate and organize local resources in support of their priorities.

This document suggests the first steps communities can take in assessing their needs, taking stock of their resources, and mobilizing public interest and support for health promotion. It is based on an approach to health education and community organization that recognizes the value of a highly visible, time-limited event around which the attention of the media and the efforts of diverse organizations can be centered. A health promotion event, such as a health fair, a marathon or an immunization campaign, can be more than an end in itself. It can provide the impetus and nucleus from which short-term enthusiasm and commitments can be extended into long-term alliances and networks of community agencies who have succeeded in working together on health promotion. They can become the foundation to support social norms for healthy people.

We are grateful to the Human Resources Institute of Morristown, New Jersey, for its assistance in preparing this booklet.



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Key Terms*

behavior An action that has a specific frequency, duration, and purpose, whether conscious or unconscious.

community Any collection of people sharing a set of common values.

culture The sum of values transmitted over time in a community.

evaluation The process of determining the value or degree of success in achieving a predetermined objective. It usually includes at least the following steps: formulation of the objective, identification of the standards of acceptability to be used in measuring success, and determination and explanation of the degree of success.

health education Any combination of learning experiences designed to facilitate voluntary changes in behavior conducive to health. Such changes may be in individuals, organizations, or communities.

health promotion Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental changes conducive to health.

need (1) Whatever is required for well-being, or (2) A requirement an individual or group becomes aware of when values are acquired that demand certain levels of comfort or wellness.

objective A defined result of specific health activity to be achieved in a finite period of time. Objectives state (1) who, (2) will experience what change or benefit, (3) how much, and (4) how soon.

planning The process of establishing priorities, diagnosing causes of problems, and allocating resources to achieve objectives.

*Most of these definitions were taken or adapted from *Health Education Planning: A Diagnostic Approach*, by Lawrence Green, Marshall Kreuter, Sigrid Deeds, and Kay Partridge (Palo Alto: Mayfield Publishing Company, 1980).

program A set of planned activities over time designed to achieve specified objectives.

social and cultural norms Generally accepted standards or patterns of individual or group behavior and social interaction within a community.

Introduction

The current health concerns of people are testing the ability of communities to provide the means whereby their citizens can lead healthier and more productive lives. As one might expect, many communities are responding to today's challenges to health with the same intense determination and creativity that has led to the control of many infectious diseases and other health problems of the past. Ironically, many of the health problems and concerns of our time stem from years of relative abundance, prosperity, and technological advancement.

As noted in the 1979 *Surgeon General's Report on Health Promotion and Disease Prevention*, the American people are deeply interested in improving their health. Today, individuals, neighborhoods, cities, and even entire States are moving toward a new perspective on health and health promotion and away from a preoccupation with illness and a dependence on curative medical care as the principal means of improving health.

The purpose of this booklet is to help people think about ways in which to build a supportive environment for health promotion within their communities. The observations contained herein are drawn largely from the experiences of communities that have attempted to effect changes in health and health practices. For persons interested in health fairs, marathons, and other events of this type, this booklet demonstrates how such activities can serve to facilitate organization and cooperation among community groups in the interest of health promotion.

Health fairs, as one example of community health promotion events, are becoming increasingly popular throughout the country.[2,3] These fairs frequently combine multiphasic testing or physical examinations with various health information and education activities. They are predicated on a belief in the importance of individual responsibility and action to preserve and enhance health. Community health promotion events, including mara-

thons, media campaigns related to smoking, screening programs for high blood pressure, neighborhood clean-up projects, and other health events, can be used effectively to focus attention on lifestyle and the environment and to provide the stimulus, basic information, and general direction that many people need as a first step toward making informed choices regarding health-related behavior.

From the standpoint of community change, a health promotion event can enhance coordination and strengthen relationships among community organizations and agencies concerned about health. Modern complex communities are composed of people and groups with many different, and often competing, interests and goals and patterned ways of relating to each other.[4] Health promotion events that allow individuals to become involved in community decisionmaking, and that require organizations to relate to each other in a collaborative manner, help to bring about change.

What Communities Can Do to Move Toward Health Promotion

Among the forces moving us in the direction of health promotion are (1) a growing public interest in health, and (2) the tremendous need, both in economic and human terms, to improve our national health practices. One recent national survey of American attitudes toward health revealed that:

> *The majority of American families are ready to accept in principle a new and more active approach to health and health care —one which would require supplementing traditional means of health care with new approaches aimed primarily at preventing health problems before they arise. Yet only a minority are even beginning to put these new beliefs into action—with many obstacles still to be overcome before millions of American families are prepared to make lifestyle changes necessary to improve their health.*[1]

Concern about health is reflected in many ways: books covering a wide variety of health-related topics are among the best-selling nonfiction literature; diet groups, smoking cessation classes, and health spas are mushrooming; the makers of jogging clothes and cross country ski equipment are doing a record business; corporations are developing health programs and building fitness centers; and communities increasingly sponsor health promotion events such as health fairs and marathons.

Unfortunately, for many people this great interest in health matters has led to a "health buying spree" rather than to a genuine commitment to a healthier lifestyle. People buy jogging shoes, for example, but they discontinue jogging after a few brief episodes; they pay to learn relaxation techniques which they do not practice regularly; they go on diets over and over again. In formal smoking and weight reduction programs, changes are rarely maintained for longer than six months. An American Health Foundation study of 576 smokers in three different programs found that although the rate of

smoking cessation was 70% to 80% at the end of the program, a year later it was down to approximately 20%.[6] Seat belt use is a health practice requiring a simple action, although a repeated one. Only one in five Americans employ seat belts consistently.[7]

It is also true, however, that thousands of people have successfully stopped smoking, mostly without joining formally-established programs; thousands have reduced their weight through personal initiative; and thousands do continue to wear seat belts.

There are many reasons why people fail to attain the personal health goals they set for themselves. Some of these relate not so much to shortcomings on the part of the individual (such as a lack of knowledge or will power), but to pressures from the environment which can undermine the best individual efforts and to the lack of opportunity to apply new knowledge and skills. These pressures contribute to the gap between belief and practice, and between what we say we want and what we are able to achieve. Therefore, as communities channel more of their energies and resources into health promotion, they must pursue those courses of action having the greatest likelihood of success based on past experience. Many new health promotion initiatives at the community level undoubtedly will focus on those areas of health that emphasize individual responsibility and behavior.[8] Communities searching for ways to prevent or minimize the predictable health problems of the 1980s and the years beyond may do better to concentrate on altering the social, cultural, economic, and physical environment to enable and reinforce the adoption of improved health practices by all citizens. As one social scientist remarked,

> *What is becoming increasingly apparent is that to solve social problems by changing people is more expensive and usually less productive than approaches that accept them as they are and seek to mend not them, but the circumstances around them.*[9]

Yet, a commitment to voluntary self-determination of behavior precludes the exclusive use of approaches aimed at manipulating the environment without the informed consent of community residents. Such consent may be gained by means of an educational process undertaken at the community level. It is the combination of health education with related organizational, economic and environmental changes that creates a health promotion program.

System-Centered Health Promotion

> *Rapid population growth in most of the world, urbanization with its many ramifications, environmental damage and resource depletion, the risks of weapons technology, and new patterns of disease—are all largely products of changes that have occurred only in the most recent phase of human evolution. We have changed our diet, our activity patterns, our technology, the substances of daily use and exposure, our patterns of reproductive activity, tension relief, and human relationships. Many of these changes are truly epochal and are laden with new benefits and new risks, and most of the long-term consequences are poorly understood.*[10]

Health is affected by many factors including heredity, prevailing economic conditions, medical technology, available health services, personal behavior and the supporting social and cultural norms. Proposed health changes for a community—whether they entail medical or non-medical, preventive or curative measures—involve changing the social structure in terms of people's attitudes, values, beliefs, behavioral patterns, and relationships among individuals and groups.[11] Rather than encouraging sedentary lifestyles, excessive use of alcohol and drugs, poor nutrition, and high levels of stress, communities can make health promotion the norm by undertaking system-centered education. The aim of system-centered education is to alter the social or cultural structure of a community in such a way as to provide better conditions, opportunities, supports and incentives for improving the health of individuals in the community.[12] System-centered education contributes to health promotion on several levels:[13]

(1) Community Development Level—By improving the organization and the problem-solving capacity of the community.

(2) Community Service Programming Level—By providing new or extended programs or services to help individuals and families with health maintenance and to increase their capacity to adapt to changing circumstances.

(3) Individual Capacity Building Level—By helping individual participants in the educational process to attain knowledge and skills that improve their capacity to meet current needs and achieve personal goals.

Although they are not specifically targeted toward individuals, system-centered health promotion efforts can produce changes which benefit community residents in a personal manner, and which facilitate lasting improvements in personal and community health practices and health status. Persons concerned about creating a "healthy community" are likely to be more successful in their efforts if they (1) recognize the special interest and competitive nature of groups within the community; (2) identify key community leaders and organizations; and (3) involve leaders, local groups and organizations, and the general public in the planning and implementation of health-related programs and events.[14]

In sum, health promotion programs and events (e.g., health fairs and marathons) undertaken at the community level can contribute to the establishment of norms that would facilitate rational, health-oriented decisions and behaviors by individuals, organizations, and the community as a whole.[15] Existing norms which tend to undermine health may not be eliminated entirely, however, their relative influence would change. As a result of changes in norms, individuals and organizations increasingly would consider the health implications in making decisions regarding their daily activities, and would find social support for actions that are conducive to good health.[16]

The "Healthy Community System": A Community Organizing Model

An effective model for building a community health promotion effort emerges from the community development experience (as applied for example in early community health education efforts, the Peace Corps, ACTION, and the Cooperative Exten-

sion Service) and from work in other areas of community concern, such as litter control.* Six years ago, three pilot cities—Macon, Georgia; Charlotte, North Carolina; and Tampa, Florida—underwent a process of system-centered education and systematic community change to deal with the litter problem. At the time, the greatest reduction in litter that any part of the country had been able to achieve was a 12% reduction, and even that was not sustained. The educational and community change processes used by people in the three test cities were able to effect litter reductions of 60-70% in the first year. More importantly, these changes not only were maintained, but were extended so that five years later, in 1979, reductions of 69-80% were reached.[1] Even more encouraging was the fact that these litter program results were obtained by local residents and maintained by them with a minimal expenditure of funds.

The experience of these cities provides a good model for the identification of principles for community health promotion because (1) litter is a problem in the environment that affects the quality of life of many people in the community, and (2) like other health promotion issues, litter involves behavioral and lifestyle changes at several levels, beginning with individual citizens and extending through neighborhoods to city hall.

The two most important elements of the litter control program are its focus on the underlying culture rather than on the surface symptoms of the problem, and its emphasis on local involvement and "ownership" of the program. These programmatic elements can be applied to the community health promotion experience. When one approaches health from a cultural perspective, one looks at ways in which a community can influence norms that support both individual and group efforts, and that become powerful determinants of health. Experience has shown that people are willing to participate in programs of change if they are given the opportunity to do so. The key is to provide program opportunities that offer a real chance for sustained progress, that is to say, a chance for lasting improvements in health status. In health, perhaps more than in other aspects of life, it is important that positive behavioral changes be sustained over time if the expected benefits are to be realized.

> *To maintain a new change, a person must continually confront and resolve the problems caused by personal and environmental factors, such as work schedules, social situations, and family conflicts. Such changes...may require time and the aid of a supportive and consistent...environment. Short-term training influences are usually no match for the multitude of factors that affect the person's behavior in weeks, months, and years to come.*[1]

Studies of health promotion programs reveal six shortcomings:

(1) *Fragmentation of effort.* While some good programs have been developed, they often are im-

*The "healthy community system" model was synthesized by the Human Resources Institute of Morristown, New Jersey, which served as a consultant in the preparation of this booklet. Many of the observations made herein also are drawn from the literature on health planning, community organization, community development, health education, and modern systems theory.

plemented in a piecemeal fashion and their total impact minimized.

(2) *Overemphasis on initial motivation.* Advertising and other campaign-type efforts often bring about momentary change, but it is the maintenance of change over an extended period that has a lasting impact on the social and cultural environment and, as a result, on health.

(3) *Appeal to individual heroics.* Group-based programs are more likely to be effective than those that ask people to "pull themselves up by their own bootstraps." In the long run, the programs which help people and organizations to build supportive environments will influence their actions.

(4) *Overemphasis on activities as opposed to results.* Activities such as health fairs and occasional screening programs will have lasting value only when the recommended lifestyle or health practices are supported by the surrounding environment and culture.

(5) *Overemphasis on knowledge and information.* Knowledge and information, while important ingredients of a health promotion program or event, are of minimal value if unapplied. The practical use of the knowledge in day-to-day activities needs to be emphasized.

(6) *A "We will do it for you" approach, rather than "Together we can do it for ourselves."* People need to feel a sense of "ownership" of the program or event, which comes with their participation in the decisions regarding it and a responsibility for implementing it successfully. When things are done "to" and "for" people, rather than with them, their commitment is limited.

An approach to change that can help set in motion a social and cultural orientation toward health and health promotion is exemplified in the "healthy community system" model. The model is based on the concepts shown in Figure 1. It encompasses a four phase process through which individuals and groups within a community work together to assess their health needs and resources, organize to meet the need as defined by them, implement the changes they desire, evaluate their efforts, and take steps to sustain positive changes over time. While each health program that evolves from the application of this model will be unique, the model embodies crucial steps that every community should consider. The principal phases and steps in the "healthy community system" model are described in Figure 2.

PHASE I. START-UP

Step 1—Recognize the need for concerted action to solve a problem or meet a community need. Before individuals and organizations can move decisively toward health promotion, someone—either within or outside of the community—must recognize the need for change or improvement and be committed to mobilizing others in an effort to accomplish the desired change.[9]

Step 2—Develop local sponsorship. Local sponsorship is crucial to the success of the community health program or event, and it provides a foundation for the further expansion of health promotion efforts within the community. Sponsorship should include representation from a number of sectors (e.g., health, education, business,

labor, and media). To identify local sponsors, one might compile a list of community leaders, organizations, and factions who should be involved in formulating the program or event.[20] Without being asked to commit themselves to specific actions, potential sponsors can be brought together in a meeting to establish a common sense of purpose and general desire to undertake a community health improvement effort. The meeting can also be viewed as an occasion to explore appropriate roles for those who decide to become involved.

FIGURE 1

CHARACTERISTICS OF AN EFFECTIVE HEALTH PROMOTION PROGRAM USING THE "HEALTHY COMMUNITY SYSTEM" MODEL

Personal *involvement*	Vs.	Leaving it to others
Caring for each other	Vs.	Being exclusively concerned about ourselves
Health emphasis	Vs.	Illness emphasis
Based on *sound data*	Vs.	Hunches and wishful thinking
Freedom of *choice*	Vs.	Telling others what to do
Measurable *results*	Vs.	Focus on activities
Sustained *achievement*	Vs.	Campaign-type efforts
Systematic approaches	Vs.	Piecemeal solutions
Positive *support*	Vs.	Negative blame-placing
Fun and pleasure orientation	Vs.	Grim scare tactics

FIGURE 2
THE HEALTHY COMMUNITY SYSTEM MODEL

START-UP

PHASE I

Commitment is more than lip service—it involves resources, time, budget, personnel. Task forces are comprised of volunteers interested in improving community health. Survey instruments help in analyzing existing norms and setting goals.

INVOLVEMENT

PHASE II

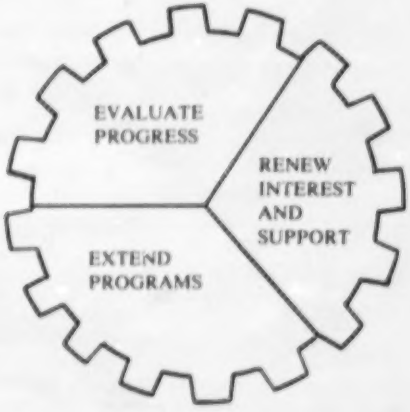
Workshops involve everyone who will be affected by the changes sought. People get a glimpse of the benefits that can be achieved through health promotion and the alternatives among which they can choose.

INSTALLING CHANGE

PHASE III

The changes are tried out in the day-to-day activities of both individuals and community groups.

SUSTAINING CHANGE



PHASE IV

To sustain change evaluate and modify programs. Find ways to keep enthusiasm going with new and more permanent health promotion efforts.

The following types of leaders and organizations may be contacted at this stage:

(1) Top community influentials or legitimizers (i.e., the individuals whose approval is usually needed if a proposed community project is to succeed);

(2) Sub-area leaders if the proposed community effort involves more than one town, city, or county;

(3) Key leaders in the health area;

(4) Leaders of the most influential organizations, particularly the voluntary organizations;

(5) Leaders of the factions and persons who can act as "go betweens";

(6) Leaders of the recipients of services or all those groups including the aged, the poor, minority groups—who are expected to use the program or participate in the proposed community health promotion event;

(7) Specialists who have skills or knowledge relevant to the proposed program or event;

(8) Officials who control or support programs or events such as that being considered (e.g., county commissioners, mayors, boards of health, State and local health departments); and

(9) Representatives of the mass media (including television, radio, and newspapers).[1]

The decision as to which leaders and organizations should be contacted in order to secure initial endorsement and sponsorship can only be made on a case by case basis. A knowledge of the community leadership structure and the ability to "sell" a new idea to people with varying interests and responsibilities are assets in developing local sponsorship.

Several meetings may be required in order to explain the need for a new project or community event and to seek approval, support, and suggestions. Proposed efforts that require a fundamental change in the way people and organizations relate to each other, and which are financially costly, will be acted upon slowly and only after considerable weighing of costs and benefits. As local support begins to develop, a preliminary plan of action can be devised which would include the organization of a "healthy community" committee. Some persons or organizations already contacted may choose to be sponsors of the program or event without being active committee members. At any rate, the informed support of key community leaders should be obtained by the conclusion of several introductory meetings.

Step 3—Organize a "Healthy Community" Committee. While it is possible for any individual or community group to take responsibility for initiating and/or sponsoring the program, a broad-based community coalition should be formed to get the proposed program or event under way. This coalition assumes overall responsibility for planning and implementing the proposed program. Under the direction of the "healthy community" committee, persons needed to organize the different facets of the program or event are recruited, responsibilities are assigned, timetables determined, and plans for evaluation developed. From

its membership, subcommittees may be appointed to handle the major elements of the program or event. It is important to choose as members of the committee responsible, knowledgeable people committed to the goals of the proposed progam and willing to assume responsibility for ensuring its success.

After the committee members are selected, each may be given overall responsibility for some phase of the program planning effort, starting with the analysis of relevant data and extending to the evaluation of program impact. If a specific, time-limited event (such as a health fair) is being planned, then each committee member may be assigned responsibility for a major component of the event (e.g., generating funding, arranging publicity and promotional activities, developing the program and selecting speakers, training volunteers, selecting sites, etc.). Committee members then may establish more specialized task forces or subcommittees to conduct necessary planning activities.

The "healthy community" committee may act very early to develop awareness and informed commitment to the proposed activity among a wide cross-section of the community. As the base of awareness and involvement is broadened, active participants in civic and community service organizations are contacted. These individuals help to diffuse information about the proposed program and to gain support for important decisions which may arise later.[22]

Step 4—Analyze the Need or Problem and Plan for Action. With people informed of the proposed activity, and with the community cooperating extensively, the committee undertakes a more thorough analysis of the social and cultural factors affecting health and the norms which interfere with the establishment of a new health-promoting environment. The analysis of the social and cultural environment is a process that identifies the norms underlying health-related behavior, and the extent to which the community's health facilities, personnel, and other resources are meeting the challenges of not only providing curative medical services but also working to establish health maintenance and health promotion as community objectives. During PHASE I, the needs and resources of the community are examined and an organizing plan is developed. Health-related data showing the extent of illness and deaths associated with lifestyle and the attitudes and practices of community residents are compiled. This can be accomplished through written surveys, personal interviews, existing records of vital statistics, and other appropriate methods. Often suitable data for program planning already are available from local health agencies and need only be gathered from these sources. These data will be used later as a reference point in assessing progam impact.

Examples of survey instruments that have been used for data collection purposes (if existing data must be augmented) are included in Appendices A, B, and C. These measure, in turn, the health behaviors and the predisposing, reinforcing, and enabling factors in health promotion.[23]

The Health Practices and Health Consequences Questionnaire (Appendix A) is the basic instrument for assessing health practices. This instrument is designed to obtain a profile of health practices throughout the com-

munity. The Health Practices Survey also may be used at appropriate intervals following the implementation of the proposed health promotion program or event to measure progress toward the goals and objectives that have been identified. This particular survey questionnaire (Appendix A) will have the additional advantage of allowing a comparison of your community with national averages that will be published from the periodic national surveys sponsored by the Public Health Service.

The Community Support Indicator (Appendix B) helps to measure the degree of social support for positive health practices. Specifically, it ascertains people's impressions regarding how well their community is doing to encourage and sustain individuals in their efforts to maintain and improve health. To illustrate, the responses from one survey using the Community Support Indicator are reflected in Figure 3. The results indicate that a great deal needs to be accomplished before the community in question develops an environment in which health promotion and the adoption of positive health behavior is the norm.

Appendix C, the Community Social Analysis Interview Schedule, can be used to identify strengths and weaknesses of a community as perceived by its residents. The responses to the questions contained in the interview schedule also will reveal much about the values and attitudes of persons who are likely to participate in the proposed program or event. Although this sample interview schedule is very general, it can be modified to emphasize topics of particular interest to the community or some segment thereof.

It is likely that some data collection and analysis will have occurred prior to the initiation of the community organizing effort. For example, the collection and analysis of data by the local health department or health planning agency may have revealed a decreasing level of immunization against certain preventable childhood diseases among certain segments of the population. With these data, the need for action can be defined, at least in general terms. A more extensive analytical process may then be undertaken once the community organization effort is under way. This latter process should provide more definitive clues to the origin of the problem and the strategies that could be utilized to remedy it.

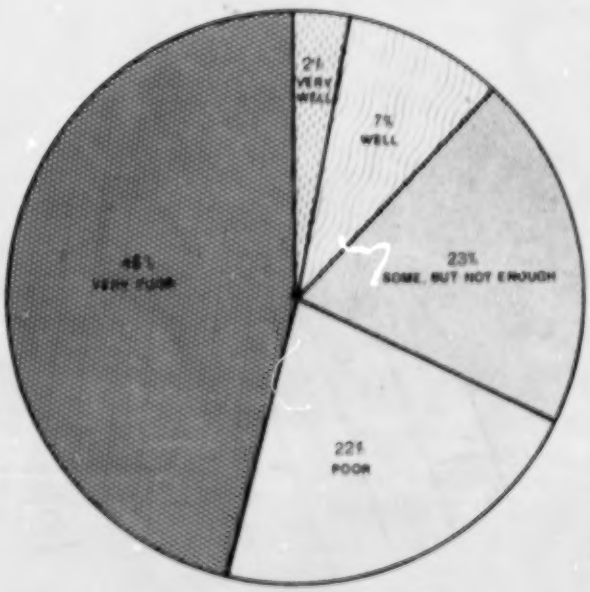
Step 5—Form Task Forces. While the overall program planning will be carried out by the "healthy community" committee, most of the day-to-day work will be performed by a larger group of volunteers recruited from local organizations (including businesses, schools, churches, unions, hospitals, and community service groups). These volunteers are self-selected, for the most part, because of their concern for improving their own health and that of the community as a whole. Special effort may be necessary to inform and involve the poor, the elderly, and minority groups that traditionally have been isolated from the mainstream of community decision-making. Social networks, opinion leaders, and face-to-face interaction are more important in reaching these target audiences than the mass media and announcements funnelled through civic organizations.[24]

The task forces should include individuals and organizations who can serve as "role models" for others by

exemplifying positive health practices, by showing an interest in the well-being of others, by motivating others to take steps that will enable them to realize their full potential, and by assisting people through activities that will complement the choices they voluntarily make to improve their health. Through the task forces, the opportunity to participate in the proposed health promotion program or event is extended to the general public. It is at this point that the system-centered educational process begins to take noticeable shape.

Figure 3

PERCEIVED SUPPORT FOR GOOD HEALTH PRACTICES



Depending on the nature and scope of the proposed health program or event, task forces may be organized around various functional or topical areas. For example, a community that is concerned with effecting community-wide change through health programming and improvements in related spheres of activity may organize task forces on subject areas such as health, education, recreation, government, and economics. Individual task forces would, in turn, address such issues as program design and evaluation, funding, enrollment, linkages with other community resources, and training within these broad subject areas. If, on the other hand, a smaller, neighborhood-oriented health promotion program is to be developed, then separate task forces may be established around functional areas (e.g., management and accounting, recruitment of staff, funding, evaluation, etc.).

In organizing a health fair or similar event, task forces might focus on health-related topics to be covered by the fair—e.g., exercise or fitness, smoking cessation, nutrition, safe driving, stress management, health screening—or on functional areas such as those previously identified under Step 3.

To summarize, task forces can assume any configuration necessary to meet the needs of the community and to respond to the objectives identified during the planning process. A time-limited health-related event that is undertaken as an isolated activity rather than as part of a broader community effort often is the focus of considerable energy and enthusiasm over a period of months. Given the time, effort, and dollars invested in planning and implementing health fairs, communities may want to look carefully at the benefits that are derived—from both an individual and organizational standpoint—to determine whether this is a good use of resources, or whether the benefits can be expanded.

PHASE II. INVOLVEMENT

During PHASE I, the proposed health promotion program or event is defined, legitimized, and diffused through task force efforts. In PHASE II, the program or event is implemented. Up to this point, a health fair has been treated as a distinct activity having a planning and organizational phase not entirely unlike that encountered in developing a community health program. For persons who are interested only in organizing a successful health fair, PHASE II brings the realization of that goal. For persons interested in developing an ongoing program and creating a cultural milieu that supports good health practices, a health fair may be used as an interim or promotional activity to stimulate public interest and involvement in the health program. Recently, the city of Chapel Hill, North Carolina, used a Healing Arts Festival to raise money to help launch a holistic health center for the community.[7] Even after such a program becomes operational, a health fair can be used as a technique for reaching the community with information and services, and for maintaining interest in the community improvement process.

A health fair can provide an occasion for the residents of a community to (1) learn more about health and healthy lifestyles, (2) acquire new in-

terests and skills that can place them on a path to better health, and (3) become involved in community health promotion and community change. To link a newly-developed health program or a health event to other community efforts and to sustain organizational involvement in health promotion, workshops might be convened by interested groups and organizations within the community following the event or the initiation of the program. (However, the planning of the workshops would be undertaken during PHASE I.) The workshops would be designed to help people further explore their own beliefs regarding the importance of positive health practices for themselves, their families, and their community, and to assist people in using new information that is acquired and resources that are available. Survey instruments such as those described earlier may be used to gain insight into the community and to guide workshop participants in their decisionmaking.

As a result of a health fair or other event, followed by community-based workshops, some individuals or organizations may be encouraged to make changes in their behavior. Opportunities could emerge for people to join or form support groups in the community to identify the changes that can be made and to work toward them.

PHASE III. INSTALLING CHANGE

What happens following the establishment of a health promotion program or the successful implementation of a health fair or other event depends on the level of commitment that develops during the planning process that led to the event or program. Changing the direction and impact of social and cultural norms requires continual adaptation and effort on the part of formal organizations, community groups, and individual residents. The only way to ensure that desired changes occur is to plan for them. Individuals and groups, including the mass media, that can assume leadership roles by supporting the development of health promotion efforts and keeping health in the forefront of public attention have a continuing role to play in a "healthy community." The organizations that participated in planning and implementing the health fair or program constitute a core group which should be used to build a community health promotion network.

Community health promotion efforts will be most effective in contributing to community change when integrated with other health and human service activities, including traditional public health and private medical care endeavors.[24] In installing change, community groups may want to expand their efforts to include a broader range of participants representing agencies not already actively engaged in health promotion but with long-range commitments to health-related programs.

PHASE IV. SUSTAINING CHANGE

In the analysis and program planning phase, baseline data were obtained to assess the health status of the community and to identify social and cultural factors affecting health and health behavior. Attention also was given to identifying the goals and objectives the community wanted to achieve. Sustaining community change

or improvement requires the periodic assessment of progress and the revitalization or restructuring of programs to meet changing community needs. The development of new activities on a pilot or demonstration basis also may result from periodic assessments or evaluation. Evaluation may be defined as that part of the community education and decisionmaking process in which information (1) about actions (2) and their results (3) are systematically assessed (4) against certain desired states or conditions (5) in order to select among alternatives for the future.[27]

Three different types of results are of interest to the program evaluator:

> " (1) Direct outputs, the services or goods provided; for example, an immunization.
>
> (2) Intermediate effects or impacts of the direct outputs; for example, an immunized person or population.
>
> (3) Ultimate effects, the purposes served by or the usefulness of the impact; for example, avoidance of economic and other costs of the disease against which the persons. . . have been immunized."[28]

Results obtained through program evaluation serve several purposes:

> (1) *Scientific and technical base*: testing program premises; theory building; suggesting hypotheses for research and development; providing a basis for dissemination of knowledge and technology; devising or modifying program technology.
>
> (2) *Planning*: clarifying alternative strategies and methods; measuring accomplishments and needs over time; determining effectiveness, strong and weak points and the reasons therefore; identifying and checking side effects; modifying programs; providing technical, social, political, and economic justification for programs; establishing priorities for resource allocations and program activities.
>
> (3) *Program direction*: improving efficiency, performance, quality; determining and controlling costs; assessing accountability; gaining support for program modifications; clarifying expectations of staff and others involved in the program.
>
> (4) *Job performance:* developing critical attitudes and increasing interest among staff; fostering personal and organizational development; enhancing intellectual and emotional satisfactions.[29]

Evaluation, therefore, may be viewed as a tool which increases a community's capacity to adapt to environmental challenges or changing internal conditions as the need arises. By periodically refining or revitalizing the pool of commonly usable information, a community more readily perceives changes in its goals and values, and consequently, in its sociocultural environment and institutions.

In order to sustain healthful change, a community (or community health promotion program) must continually elicit, listen to, and interpret the needs of its members, and then be willing to move beyond its own boundaries, if necessary, to respond to the needs identified.[30] A single health program, for example, will not be able to meet most of the needs ranked as priorities

by the people it serves. This is particularly true in the case of the poor and the disadvantaged. Such a program, however, can seek to influence the actions of other "helping agencies" and the community power structure to strengthen the networks for delivering the services that are required. The more the health promotion program is willing to act in this manner, the more it is likely to extend the base of its relations with its clients, reinforce its credibility and relevance, and assume greater power to effect social change and to support the voluntary adoption of positive health behavior."

Similarly, sustaining change may require the altering of traditional roles or relationships among individuals as well as among community programs and organizations. Within the health sector, the professional-client relationship instills the notion that the professional is the expert and the client the layman.[12] The significant expertise of the client in understanding what life is like in the community has largely been ignored. In organizing community health promotion programs and expanding these efforts over time, it is essential to learn what people feel strongly about and are likely to accept or reject, and thus, what programs and changes in health-related behavior may be most relevant and possible. It is mainly through the advice and consent of consumers representative of a demonstrable community that health planners, health educators, and others can intervene in the environment and the daily lifestyles in the manner necessary for the maintenance and promotion of health."

Notes

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10. David A. Hamburg and Sarah Spaght Brown, "The Science Base and Social Content of Health Maintenance: An Overview," *Science,* Vol. 200, May 26, 1978, pp. 847-849.
11. Nix, *op. cit.*,p.66.
12. *Ibid.*, p. 82.
13. *Ibid.*
14. *Ibid.*, p. 4.
15. Marshall Kreuter and Richard Dwore, "A Case for Health Promotion" (Paper presented at the First Annual ADAMHA Conference on Prevention, Rockville, Md., September 12, 1979), p. 15.
16. *Ibid.*, p. 24.
17. This statement is based on observations and analyses made by the Human Resources Institute, which was retained by Keep America Beautiful Inc. to assist the three pilot cities in developing programs to reduce litter. For further reference see *Beat the System: A Way to Create More Human Environments,* by Robert F. Allen and Charlotte Kraft (New York: McGraw Hill, 1980) and *Lifegain: A Culture Based Approach to Positive Health* (Morristown, N.J.: HRI Press, 1979).
18. Zifferblatt and Wilbur, *op. cit.*, p. 515.
19. Nix,*op. cit.*, p. 89.
20. *Ibid.*
21. *Ibid.*

22. Everett M. Rogers and Floyd Shoemaker, *Communication of Innovations* (New York: The Free Press, 1972).

23. Lawrence W. Green, Marshall Kreuter, Sigrid G. Deeds and Kay B. Partridge, *Health Education Planning: A Diagnostic Approach* (Palo Alto, California: Mayfield Publishing Co., 1980).

24. Nix, *op. cit.*, p. 96.

25. Ferguson, *op. cit.*, p. 3.

26. Kreuter and Dwore, *op. cit.*, p. 25.

27. Morris Schaefer, *Evaluation/Decision-Making in Health Planning and Administration* (Chapel Hill: University of North Carolina, 1973), p. 72.

28. *Ibid.*, p. 73.

29. World Health Organization, *Evaluation of Environmental Health Programs: A Report of a Scientific Group*, WHO Technical Report Series No. 528, Geneva, 1973, quoted in Schafer, *op. cit.*, p. 76-77.

30. Guy Stewart, "The People: Motivation, Education, and Action," *Bulletin of the New York Academy of Medicine*, Vol. 51, January 1975, pp. 174-185.

31. *Ibid.*

32. *Ibid.*

33. *Ibid.*

Appendices

Appendix A—Health Practices and Health Consequences Questionnaire

Appendix B—Community Support Indicator

Appendix C—Community Social Analysis Interview Schedule

These Appendices are intended to aid in understanding concepts and processes referred to in preceding sections of this booklet. No recommendation is made regarding the use of these survey instruments in place of others that are available. Communities interested in collecting health-related data should identify and adapt valid and reliable instruments that best meet their needs.

APPENDIX A

Health Practices and Health Consequences Questionnaire*

1. First, would you say your health is excellent, good, fair, or poor?

   Excellent Good

   Fair Poor

   Don't Know

2. How often do you eat breakfast?

   Almost every day Sometimes

   Rarely or never

3. On an average day how many of the following do you drink?

   Cups of coffee

   Cups of tea

   Glasses of milk

   Glasses of water

   Cans or bottles of soft drink

   Glasses of fruit or vegetable juice

4. Do you make any conscious effort to limit the amount of red meat in your diet *for health reasons?*

   Yes No

5. How often, if ever, do you take vitamin pills or other vitamin supplements?

   Regularly Occasionally

   Rarely or never

6. On the average how many hours of sleep do you get each day, that is, during a 24 hour period?

   # of Hours

7. On the average, do you now get more sleep, less sleep or about the same amount of sleep as you did 2 years ago?

   More Less

   SKIP TO Q. 9 Same

8. Is this because of a health-related problem or condition that you had?

   Yes No

9. About how tall are you without shoes?

   Feet Inches

10. How much do you weigh without clothes on?

    Actual Weight

11. Do you now weigh more, less, or about the same as you did two years ago?

    More Less

    SKIP TO Q. 14 Same

12. Was this change the result of a health-related problem or condition that you had?

    Yes No

13. About how much (MORE/LESS) do you now weigh than you did two years ago?

    More Less

    (Number of Pounds)

14. Do you *now* consider yourself to be overweight, underweight, or about average?

    Overweight Underweight

    Average Don't Know

15. About how long has it been since you last went to a dentist?

    Less than 1 year
    (Less than 12 months)

    1 - 2 year
    (12 months up to 24 months)

    2 - 4 years (More than
    24 months up to 5 years)

    5 or more years

    Never

    Don't Know

    (IF 55 OR OVER.)

16. Have you lost all of your teeth?

    Yes No

    SKIP TO Q. 19 CONTINUE

*This is an abbreviated version of a questionnaire developed by the Division of Analysis, National Center for Health Statistics, using similar studies conducted in Alameda County, California and the state of Michigan. The questionnaire was administered in April 1979 during a telephone survey. Persons interested in obtaining the complete questionnaire or learning more about its use should contact the National Center for Health Statistics, Federal Center Building, 3700 East-West Highway, Hyattsville, Maryland 20782.

17. How often do you brush your teeth?

More than twice a day

Twice a day

Once a day

Less than once a day

18. And how often, if ever, do you use dental floss or a waterpick?

Every day

3 - 6 times a week

1 - 2 times a week

Less than once a week

Never

19. About how long has it been since you last had an eye examination?

Less than 1 year
(Less than 12 months)

1 - 2 years
(12 months up to 24 months)

2 - 4 years (More than
24 months up to 5 years)

5 or more years

Never

Don't Know

20. Some people get a general physical examination once in a while even though they are feeling well and have not been sick. When was the last time you had a general physical examination when you were not sick?

Less than 1 year
(Less than 12 months)

1 - 2 years
(12 months up to 24 months)

2 - 4 years (More than
24 months up to 5 years)

5 or more years

Never

Don't Know

21. During the past 12 months, that is, since (*DATE ONE YEAR AGO*), about how many times did you see or speak to a medical doctor about your own health? Please exclude any doctors you may have seen while you were a patient in a hospital.

# of visits

None Don't Know

22. About how long has it been since you last saw or talked to a medical doctor about your own health?

Less than 1 year
(Less than 12 months)

1 - 2 years
(12 months up to 24 months)

2 - 4 years (more than
24 months up to 5 years)

5 or more years

Never

Don't Know

23. How long has it been since you last had your blood pressure checked?

Less than 1 year
(less than 12 month)

1 - 2 years
(12 months up to 24 months)

2 - 4 years (More than 24
months up to 5 years)

5 or more years

Never

Don't Know

24. (ASK FEMALES ONLY)
When was the last time you had a Pap smear test for cancer?

Less than 1 year
(Less than 12 months)

1 - 2 years
(12 months up to 24 months)

2 - 4 years (More than
24 months up to 5 years)

5 or more years

Never

Don't Know

25. (ASK FEMALES ONLY)

When was the last time you had a breast examination by a doctor?

Less than 1 year
(Less than 12 months)

1 - 2 years
(12 months up to 24 months)

2 - 4 years (More than
24 months up to 5 years)

5 or more years

Never

Don't Know

26. Have you smoked at least 100 cigarettes (five packs of cigarettes) in your entire life?

Yes No

SKIP TO Q. 36

27. Do you smoke cigarettes now?

Yes No

SKIP TO. Q. 31 CONTINUE

28. Did you ever smoke cigarettes regularly?

Yes No

SKIP TO Q. 36

29. During the period when you were smoking most, about how many cigarettes a day did you usually smoke?

1 Pack = 20
Cigarettes

(# of cigarettes)

30. About how long has it been since you smoked cigarettes fairly regularly?

Years Months

SKIP TO Q. 36

31. On the average, how many cigarettes a day do you smoke?

1 Pack = 20 Cigarettes

(# of cigarettes)

32. Think about the tar or nicotine level of the cigarettes you usually smoke. Would you say they are high, medium, or low tar and nicotine?

High tar and nicotine

Medium tar and nicotine

Low tar and nicotine

Don't Know

33. Have you changed the *number* of cigarettes you smoke or the *brand* of cigarettes you smoke in the past two years?

Yes No

SKIP TO Q. 35

34. Was this because of a *specific* health related problem or condition that you *had*?

Yes No

35. During the past two years did you make a serious attempt to stop smoking cigarettes?

Yes No

36. Do you ever drink any alcoholic beverages, that is, beer, wine, or liquor?

Yes No

SKIP TO Q. 39

37. Did you drink any alcoholic beverages two years ago?

Yes No

SKIP TO Q. 43

38. Have you changed your drinking pattern during the past two years because of a specific health-related problem or condition that you had?

Yes No

SKIP TO Q. 43

39. On the average, how often do you drink any alcoholic beverages such as beer, wine, or liquor?

40. On the days that you drink how many drinks do you have per day, on the average?

41. Have you changed your drinking pattern during the past two years because of a specific health-related problem or condition?

Yes No

SKIP TO Q. 43

42. Do you now drink more or less than you did two years ago?

More Less

43. How often do you use seat belts when you ride in a car?

Always or nearly always Seldom

Sometimes Never

The next group of questions asks your personal opinions about health-related matters.

44. How good a job do you feel you are doing in *taking care* of your health?

Excellent	Good
Fair	Poor
Don't Know	

45. How would you compare your level of physical activity with other people your age?

Much more physically active

Somewhat more active

Somewhat less active

Much less active

Don't Know

46. Compared to your level of physical activity two years ago, would you say you are now more physically active, less physically active, or about the same?

More physically active

Less physically active

About the same

SKIP TO Q. 48

47. Is this because of a *specific* health-related problem or condition that you *had*?

Yes	No

48. Do you feel that you get as much exercise as you need, or less than you need?

As much as you need

Less than you need

Don't Know

49. In general, how satisfied are you with your overall physical condition?

Very satisfied

Somewhat satisfied

Not too satisfied

Not at all satisfied

Don't Know

50. Compared with two years ago, that is, since 1977, would you say that your health is now better, worse, or about the same?

Better	Worse
Same	Don't Know

51. Over the *past year* has your health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?

A great deal of worry

Some worry

Hardly any worry

No worry at all

Don't Know

52. How much control do you think you have over your future health? Would you say . . . (READ LIST)

A great deal	Some
Very little	None at all
Don't Know	

53. Compared to other people your age, would you say your health is

Excellent	Good
Fair	Poor
Don't Know	

54. Compared to other people your age, would you say you have

Much more energy

Somewhat more energy

Somewhat less energy

Much less energy

Don't Know

The following questions pertain to your health status and medical care.

55. Is there a particular clinic, health center, doctor's office or hospital emergency room that you usually go to if you are sick or need advice about your health?

Yes	No

56. Have you been a patient overnight in a hospital since *(DATE ONE YEAR AGO)*?

Yes	No

SKIP TO Q. 58

57. All together, how many nights were you in the hospital since *DATE ONE YEAR AGO*)

Number of nights

58. Do you feel that there are things you can do in your everyday life which will *prevent* you from getting high blood pressure?

Yes No

Don't Know

59. Have you had high blood pressure or were you treated for it during the last twelve months?

Yes No

Don't Know

60. How many colds, if any, did you have in the past 12 months?

61. How often, if ever, do you get headaches?

62. Do you ever have any trouble or difficulty with routine physical activities such as walking, using stairs or inclines, standing or sitting for long periods, using your fingers to grasp or handle, or lifting or carrying something heavy?

Yes

SKIP TO Q. 64 No

63. Do you have any trouble or difficulty . . .

	No	Yes	
		Great Deal	Some
Walking	1	2	3
Using stairs or inclines	1	2	3
Standing or sitting for long periods	1	2	3
Using your fingers to grasp or handle?	1	2	3
Lifting or carrying something as heavy as 10 pounds	1	2	3

64. During the past 12 months, that is, since (*DATE ONE YEAR AGO*), about how many days did illness or injury keep you in bed all or most of the day?

_____ days

The next few questions will be used to determine trends in longevity patterns within families. Please answer these questions with reference to your *natural* parents and grandparents, if you know about them.

65. Is your father now living?

CONTINUE Yes

SKIP TO Q. 67 No

SKIP TO Q. 69 Don't know

66. About how old is he?

_____ (AGE)

Don't know

(SKIP TO Q. 69)

67. About how old was he when he died?

_____ (RECORD AGE)

Don't know

68. Did he die as a result of an accident?

Yes No

69. Is your mother now living?

CONTINUE Yes

SKIP TO Q. 71 No

SKIP TO Q. 73 Don't know

70. About how old is she?

_____ (AGE)

Don't know

(SKIP TO Q. 73)

71. About how old was she when she died?

_____ (AGE)

Don't know

72. Did she die as a result of an accident?

Yes No

73. How many of your grandparents, if any, are now living? _____

SKIP TO Q. 75 None

74. (Is he or she) (Are any of them) 50 years or older?

SKIP TO Q. 76 Yes

No

Don't know

75. Did any of your grandparents live beyond 80 years of age?

Yes No

Don't know

The following are questions about your present and past employment experiences.

76. Are you now . . .

Working — Full-time / Part-time

Laid off or on strike

Retired

Unemployed — Looking for work / Not looking for work

Unable to work (disabled)

Keeping house

Full-time student

77. Have you ever worked?

SKIP TO Q. 85 Yes

SKIP TO Q. 87 No

78. Are you self-employed?

SKIP TO Q. 81 Yes

No

79. Do you get time off from your job with pay, when you are ill?

Yes No

80. Does your employer give you time off from work with pay for visits to the doctor?

Yes No

81. Does your job involve a variable work shift? That is, do you work the day shift some times and the night shift at other times?

Yes No

82. How much hard physical work is required on your job? I'm referring to things like pushing or carrying heavy objects, handling heavy tools or equipment or digging.

A great deal Some

Hardly any None at all

Don't Know

83. How would you describe the degree of emotional stress associated with your job? Would you say you are under a great deal of stress, some stress, or hardly any stress?

A great deal Some

Hardly any Don't Know

84. In your current job are you exposed to any special risk of accidents or injuries or to any substances that could endanger your health?

Yes No

85. Did you ever change jobs because you were concerned about occupational hazards or dangers to your health?

Yes No

86. During the past five years, that is since 1974, how many employers or companies, if any, have you worked for on a full time basis, including your present job?

No. of employers

87. Would you please tell me whether you have participated in any activities or meetings run by any of the following groups in the last 3 months?

	Yes	No	DK
A labor union, commercial group or professional organization			
A church group			
A group concerned with children such as PTA, Boy Scouts, Girl Scouts, etc.			
Any *other* group that is concerned with community betterment, charity or service			
Any *other* group that is mainly social, fraternal or recreational			

88. About how often, if ever, do you go to religious services?

_____

89. Now I'm going to read you a list of things that people do in their free time. Please tell me how often you participate in these activities.

	Often	Sometimes	Rarely	Never
Go swimming in the summer				
Take long walks				
Work on a physically active hobby such as dancing or gardening				
Go jogging or running				

90. On the average how many miles a *week* do you usually jog or run?

Less than 5 miles

5 to 15 miles

More than 15 miles

91. And how often do you . . .

	Often	Sometimes	Rarely	Never
Ride a bicycle				
Do calisthenics or physical exercise				
Participate in any other active sports I haven't already mentioned				

92. How much enjoyment do you get out of your free time?

A great deal | Some, or

A little | Don't Know

93. And how often do you find that you have time on your hands that you don't know what to do with?

Very often | Sometimes

Rarely | Never

Don't Know

94. All in all how happy are you these days?

Very happy | Pretty happy, or

Not too happy | Don't Know

95. How many *close* relatives do you have? These are people that you feel at ease with, can talk to about private matters, and can call on for help.
No. of close relatives

96. And how many friends do you have that you feel *really close* to? These are friends that you feel at ease with, can talk to about private matters, and can call on for help.

No. of close friends

97. How many of these *close* friends or relatives do you see at least once a month?

98. About how often do you visit with any close relatives or friends?

99. Do you feel that you have enough close friends or relatives?

Yes | No

Don't Know

100. Are you now...

Married | Widowed

Divorced | Separated

Never Married

101. All in all, how happy has your marriage been for you?

Very happy | Pretty happy, or

Not too happy | Don't Know

102. How often in the *past month* have you felt...

	Very Often	Sometimes	Rarely	Never	DK
Cheerful and lighthearted					
Loved and wanted					
Down-hearted and blue					
Lonely					

103. Does it *ever* happen that you do not have enough money to afford the kind of *medical care* you or your family should have?

Yes No

104. Would you say this happens...

Very often Sometimes, or

Rarely

105. I'm now going to read you a list of things that can happen to people. Please tell me which of these events, if any, happened in your life during the *past five years*. (READ ENTIRE LIST)

Death of your (husband/wife) or one of your children

Problems or difficulties with a steady date or fiance

Serious financial difficulties or problems

. . . And in the past five years did any of these events happen in your life?

Your own serious illness, injury or operation

Serious illness, injury or operation of your children

Serious illness, injury or operation of your (husband/wife)

Being unable to get medical treatment when it was seriously needed for yourself or your (husband/wife) or your children

Your own marital separation or divorce

Other problems or difficulties related to your marriage

106. Did you have any *severe* personal, emotional, behavioral or mental problems that concerned you in the past year?

Yes No

SKIP TO Q. 108 Don't Know

107. Would you say you had no problems of this kind at all, or no *severe* problems?

SKIP TO Q. 110 No problems at all

No *severe* problems

108. Did you consider any of these to be severe enough that you felt you needed professional help?

Yes No

SKIP TO Q. 110 Don't Know

109. Did you seek professional help?

Yes No

110. Have you ever had a nervous breakdown?

Yes No

SKIP TO Q. 112 Don't Know

111. Did you ever feel that you were going to have, or were close to having a nervous breakdown?

Yes No

SKIP TO Q. 114 Don't Know

112. Was that during the past year?

Yes No

Don't Know

113. Are you still bothered by that condition or are you completely over it?

Still bothered by it

Completely over it

Don't Know

114. In the past five years, since (*MONTH, 1974*), how many addresses have you lived at, including your present address.

_____
(# of addresses)

115. What was the last grade or year of school you completed?

116. And what is your date of birth?

Day Month

Year

(SEE TYPE OF RESIDENCE ON SCREENER. IF "PRIVATE RESIDENCE", ASK Q. 117. IF "GROUP QUARTERS", SKIP TO Q. 120)

117. And now I'd like to know the age and sex of members of your household who are younger than 20 or older than 64.

_____

_____

_____

_____

118. Are there any telephone numbers other than the one I've dialed at which household members can be reached *at this residence*?

Yes No

I would just like to make sure you are referring to a phone number other than the one you are using right now.

Yes No

SKIP TO Q. 124

119. In total, at how many *other* phone numbers in this residence can household members be reached?

(SKIP TO Q. 124)

120. How many people between the ages of 20 and 64 live here?

Number of People Don't Know

121. How many of these people have regular access to this phone number?

Number of People Don't Know

122. Are there any telephone numbers in this residence other than the one I've dialed, at which these (*# IN Q. 121*) people can be reached?

Yes No

SKIP TO Q. 124

123. In total, at how many *other* phone numbers in this residence can these (*# IN Q. 121*) people be reached?

Number Don't Know

124. Please tell me which *one* of the following racial groups *best* describes your racial background. Are you . . .

White

SKIP TO Q. 126

Black

American Indian

Asian

Pacific Islander

Some other group

125. To which racial group do you belong?

SKIP TO Q. 127

Puerto Rican

Cuban

Mexican, Mexicano, Mexican American, or Chicano

Some other Latin American or Spanish group

Other (SPECIFY)

126. Now I'm going to read you a list of groups which describes some people's national origin or ancestry. Please tell me if any of these groups is your national origin or ancestry.

Puerto Rican

Cuban

Mexican, Mexicano, Mexican American, or Chicano

Some other Latin American or Spanish group

None of these groups

Don't Know

127. And finally, so that we can group our answers, please tell me into which of the following groups your family's combined income fell in 1978, before taxes. Would that be . . . (READ LIST)

Less than $5,000

$5,000 to $10,000

$10,000 to $15,000

$15,000 to $25,000

$25,000 or more

Don't Know

APPENDIX B

Community Support Indicator

How well is our community doing in actively and consistently supporting people in their efforts to.....	Very well	Well	Some, but not Enough	Poorly	Very Poorly
1. engage in a regular, planned program of physical exercise?	1	2	3	4	5
2. stop smoking?	1	2	3	4	5
3. understand the significance of stress and what can be done to avoid its negative impact on personal health?	1	2	3	4	5
4. achieve their correct weight and maintain it on a sustained basis?	1	2	3	4	5
5. understand and follow sound nutritional practices, including eating a nutritional breakfast every day?	1	2	3	4	5
6. avoid the overuse of caffeine, saccharine, sugar, salt, and cholesterol-producing foods?	1	2	3	4	5
7. avoid the overuse and misuse of alcohol?	1	2	3	4	5
8. avoid the overuse and misuse of drugs?	1	2	3	4	5
9. have regular medical and dental examinations or health screenings and to follow up on the recommendations given?	1	2	3	4	5
10. maintain their proper blood pressure?	1	2	3	4	5
11. employ sound health knowledge and maintain sound health practices?	1	2	3	4	5
12. follow sound safety practices at home, at work, and on the highway?	1	2	3	4	5
13. understand the importance of good mental health and deal effectively with mental health and emotional problems?	1	2	3	4	5
14. develop and maintain positive human relations in their day-to-day activities?	1	2	3	4	5
15. realize their fullest potential as humans?	1	2	3	4	5

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APPENDIX C

Community Social Analysis Interview Schedule

Introduction

The interviewer introduces herself/himself to the respondent by providing the following information:

Name
Organization
Sponsorship
Purpose of study
Nature of study
Use
Confidential nature
Candid

Main Questionnaire

Community Image

I would like to start by talking to you very generally about how you see * as a whole. As you know, every community tends to have its own style or characteristics which set it apart from other communities. Would you please tell how you see * :

1. What are its characteristics, or how is * different?

2. What do you especially like about * as a whole?

3. In your opinion, what are the five most important things which need to be done to make * a better place in which to live? Please rank these in terms of their importance.

Rank	Needs

* Insert name of community/city/county under consideration.

Source: Adapted from Nix, *The Community and Its Involvement in the Study Planning Action Process*, HEW Publication No. 70-6355.

Rating of Services and Conditions

Would you please give a general rating of the services and conditions listed below. Rate each service or condition as *Excellent, Good, Fair, Poor, or Very Poor*. If you are not familiar with a particular service or condition, it is best just to say you *do not know*. Remember, this is an overall rating of services and conditions for * as a whole.

Services and Conditions	Excellent (1)	Good (2)	Fair (3)	Poor (4)	Very Poor (5)	Don't Know (0)	Comments
1. Job opportunities for teenagers							
2. Job opportunities for adults							
3. Recreation for children 12 and under							
4. Recreation for teenagers							
5. Recreation for adults							
6. Recreation for families							
7. Availability of housing for middle and upper income families							
8. Availability of housing for lower income families							
9. Water quality							
10. Sewage disposal							
11. Garbage collection							
12. Garbage Disposal (landfills and incinerators, etc.)							
13. General sanitation (relating to food handling, lodging, etc.)							
14. Pest control (rats, insects, etc.)							
15. Air pollution control							
16. Quality of hospital services							
17. Quantity of hospital services							
18. Availability of family doctors							
19. Street conditions							
20. Parking in business districts							
21. Traffic conditions							
22. Availability of public transportation							
23. Highway system in and out of county							
24. Public school program							
25. Public school buildings and facilities							
26. Vocational training in high school							
27. Vocational and adult training beyond high school							
28. Welfare services							
29. Family service agencies (help for people who need advice and counseling)							

Services and Conditions	Excellent (1)	Good (2)	Fair (3)	Poor (4)	Very Poor (5)	Don't Know (0)	Comments
30. Law enforcement and police protection							
31. Court services							
32. Juvenile delinquency program							
33. Enforcement of housing codes							
34. Fire protection							
35. Cultural opportunities							
36. Acceptance of newcomers							
37. Acceptance of change							
38. Integration of schools							
39. Overall Black-White relations							
40. Cooperation between county and city governments							
41. Cooperation in county improvement activities							
42. County-wide planning for land use and zoning							
43. Appearance of residential areas							
44. Appearance of business districts							
45. Appearance of industrial areas							